

091615564

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | Son2 | | 7/21/03 |
| O.I.P.E. CLASSIFIER | | | 7/21/03 |
| FORMALITY REVIEW | TK | 834 | 8/30/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
stapl additional sheet here

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